

## **2003 Simulated Premium**

### **Loss Experience Report Instructions**

In cell A2, edit the cell to allow you to type your company name one space beyond the colon.  
In cell A3, edit the cell to allow you to type the calendar year (s) one space beyond the colon.  
Now, starting in cell A6, begin entering the data required by the headings. Enter as many rows of data as you have to enter. When you are finished entering all the data, save the workbook, and then complete the simulated premium calculation sheet.

### **Simulated Premium Calculation Sheet Instructions**

**Enter cell by cell per the following instructions:**

- D1 Name of person completing the form (This is Very Important)**
- D2 Phone number of person completing the form (This is also Very Important)**
- D3 Name of self-insured company
- D4 Federal employers' ID numbers – LIST ALL SELF-INSURED COMPANIES REGISTERED IN KENTUCKY
- D9 Amount of indemnity paid as of 12/31/2002 for all injuries that occurred in 1998.
- D10 Amount of medical payments paid as of 12/31/2002 for all injuries that occurred in 1998.
- D11 Amount of rehab payments paid as of 12/31/2002 for all injuries that occurred in 1998.
- D12 Amount of indemnity reserves as of 12/31/2002 for all injuries that occurred in 1998.
- D13 Amount of medical/rehab reserves as of 12/31/2002 for all injuries that occurred in 1998.
- D17 Amount of indemnity paid as of 12/31/2002 for all injuries that occurred in 1999.
- D18 Amount of medical payments paid as of 12/31/2002 for all injuries that occurred in 1999.
- D19 Amount of rehab payments paid as of 12/31/2002 for all injuries that occurred in 1999.
- D20 Amount of indemnity reserves as of 12/31/2002 for all injuries that occurred in 1999.
- D21 Amount of medical/rehab reserves as of 12/31/2002 for all injuries that occurred in 1999.
- D25 Amount of indemnity paid as of 12/31/2002 for all injuries that occurred in 2000.
- D26 Amount of medical payments paid as of 12/31/2002 for all injuries that occurred in 2000.
- D27 Amount of rehab payments paid as of 12/31/2002 for all injuries that occurred in 2000.
- D28 Amount of indemnity reserves as of 12/31/2002 for all injuries that occurred in 2000.
- D29 Amount of medical/rehab reserves as of 12/31/2002 for all injuries that occurred in 2000.
- D36 Amount of payroll reported to the Department for Employment Services, Cabinet for Workforce Development for the calendar year 1998 for all entities currently included in the self-insurance program.
- D37 Amount of payroll reported to the Department for Employment Services, Cabinet for Workforce Development for the calendar year 1999 for all entities currently included in the self-insurance program.
- D38 Amount of payroll reported to the Department for Employment Services, Cabinet for Workforce Development for the calendar year 2000 for all entities currently included in the self-insurance program.
- D46 Amount of payroll reported to the Department for Employment Services, Cabinet for Workforce Development for the calendar year 2002 for all entities currently included in the self-insurance program.
- H51 2003 SIMULATED PREMIUM CALCULATION:**  
WHICHEVER IS THE HIGHEST BETWEEN CELLS H48 AND H49 WILL BE THE COMPANY'S PREMIUM AMOUNT FOR 2003.

**When you have completed both sheets, after saving the file for your benefit, attach them to an email note and send to this address:**

[kywc.selfinsurance@mail.state.ky.us](mailto:kywc.selfinsurance@mail.state.ky.us)

Thank you for your cooperation. Be sure to keep these forms and this email address, as you will need them next year as well.